



Region 2

**ACKNOWLEDGEMENT OF NOTIFICATION
OF
HAZARDOUS WASTE ACTIVITY**

09/02/2016

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER: NYD981876360

INSTALLATION NAME: BWM OF MOUNT KISCO

INSTALLATION ADDRESS : 250 KISCO AVE
MOUNT KISCO, NY 10549

MAILING ADDRESS : 250 KISCO AVE
MOUNT KISCO, NY 10549

EPA Form 8700-12AB (4-80)

**USEPA - REGION 2
RCRA Programs Branch
290 Broadway, 22nd Floor
New York, NY 10007-1866**


**ATTN: RCRA NOTIFICATIONS
Tel : (212) 637-4106
Fax: (212) 637-4437**

**TO: BWM OF MOUNT KISCO
or Current Occupant**

**ATTN: SANDRA STARK
250 KISCO AVE
MOUNT KISCO, NY 10549**

OMB# 2050-0024; Expires 01/31/2017

(Owner)

SEND COMPLETED FORM TO: The Appropriate State or Regional Office.	<div style="text-align: center;"> United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM </div> <div style="text-align: right;">  2016 AUG -4 RCRA PROGRAMS BRANCH </div>		
1. Reason for Submittal MARK ALL BOX(ES) THAT APPLY	Reason for Submittal: <input type="checkbox"/> To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location) <input checked="" type="checkbox"/> To provide a Subsequent Notification (to update site identification information for this location) <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____) <input type="checkbox"/> As a component of the Hazardous Waste Report (If marked, see sub-bullet below) <input type="checkbox"/> Site was a TSD facility and/or generator of >1,000 kg of hazardous waste, >1 kg of acute hazardous waste, or >100 kg of acute hazardous waste spill cleanup in one or more months of the report year (or State equivalent LQG regulations)		
2. Site EPA ID Number	EPA ID Number <u>1110059710264</u> @ NYD981876360		
3. Site Name	Name: BMW OF MT. KISCO		
4. Site Location Information	Street Address: 250 KISCO AVENUE, City, Town, or Village: MOUNT KISCO State: NY Country: USA Zip Code: 10549		
5. Site Land Type	<input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
6. NAICS Code(s) for the Site (at least 5-digit codes)	A. <u>44111</u> B. <u> </u> C. <u> </u> D. <u> </u>		
7. Site Mailing Address	Street or P.O. Box: 250 KISCO AVENUE, City, Town, or Village: MOUNT KISCO State: NY Country: USA Zip Code: 10549		
8. Site Contact Person	First Name: Sandra MI: <u> </u> Last: Stark Title: Controller Street or P.O. Box: 250 KISCO AVENUE, City, Town or Village: MOUNT KISCO State: NY Country: USA Zip Code: 10549 Email: StarkS@AutoNation.com Phone: 914-241-4444 Ext.: <u> </u> Fax: <u> </u>		
9. Legal Owner and Operator of the Site	A. Name of Site's Legal Owner: HBA Realty, LLC Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other Street or P.O. Box: 250 KISCO AVENUE, City, Town, or Village: MOUNT KISCO State: NY Country: USA Phone: 914-241-4444 Zip Code: 10549 B. Name of Site's Operator: Mark Edens, GM Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other Date Became Owner: 1996 Date Became Operator: 07/28/16		

Per Contact: Date Became Legal Owner: 1996.

EPA ID Number

1 1 0 0 5 9 7 1 0 2 6 4

OMB#: 2050-0024; Expires 01/31/2017

10. Type of Regulated Waste Activity (at your site)

Mark "Yes" or "No" for all current activities (as of the date submitting the form); complete any additional boxes as instructed.

A. Hazardous Waste Activities; Complete all parts 1-10.

Y ☒ N ☐

1. Generator of Hazardous Waste

If "Yes," mark only one of the following – a, b, or c.

- ☐ a. LQG: Generates, in any calendar month, 1,000 kg/mo (2,200 lbs/mo.) or more of hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lbs/mo) of acute hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 100 kg/mo (220 lbs/mo) of acute hazardous spill cleanup material.

- ☐ b. SQG: 100 to 1,000 kg/mo (220 – 2,200 lbs/mo) of non-acute hazardous waste.

- ☒ c. CESQG: Less than 100 kg/mo (220 lbs/mo) of non-acute hazardous waste.

If "Yes" above, indicate other generator activities in 2-10.

Y ☐ N ☒

2. Short-Term Generator (generate from a short-term or one-time event and not from on-going processes). If "Yes," provide an explanation in the Comments section.

Y ☐ N ☒

3. United States Importer of Hazardous Waste

Y ☐ N ☒

4. Mixed Waste (hazardous and radioactive) Generator

Y ☐ N ☒

5. Transporter of Hazardous Waste

If "Yes," mark all that apply.

- ☐ a. Transporter
☐ b. Transfer Facility (at your site)

Y ☐ N ☒

6. Treater, Storer, or Disposer of Hazardous Waste

Note: A hazardous waste Part B permit is required for these activities.

Y ☐ N ☒

7. Recycler of Hazardous Waste

Y ☐ N ☒

8. Exempt Boiler and/or Industrial Furnace

If "Yes," mark all that apply.

- ☐ a. Small Quantity On-site Burner Exemption
☐ b. Smelting, Melting, and Refining Furnace Exemption

Y ☐ N ☒

9. Underground Injection Control

Y ☐ N ☒

10. Receives Hazardous Waste from Off-site

B. Universal Waste Activities; Complete all parts 1-2.

Y ☐ N ☒

1. Large Quantity Handler of Universal Waste (you accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste managed at your site. If "Yes," mark all that apply.

- a. Batteries ☐
b. Pesticides ☐
c. Mercury containing equipment ☐
d. Lamps ☐
e. Other (specify) _____ ☐
f. Other (specify) _____ ☐
g. Other (specify) _____ ☐

Y ☐ N ☒

2. Destination Facility for Universal Waste

Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities; Complete all parts 1-4.

Y ☐ N ☒

1. Used Oil Transporter

If "Yes," mark all that apply.

- ☐ a. Transporter
☐ b. Transfer Facility (at your site)

Y ☐ N ☒

2. Used Oil Processor and/or Re-refiner

If "Yes," mark all that apply.

- ☐ a. Processor
☐ b. Re-refiner

Y ☐ N ☒

3. Off-Specification Used Oil Burner

Y ☐ N ☒

4. Used Oil Fuel Marketer

If "Yes," mark all that apply.

- ☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

EPA ID Number

1 1 0 0 5 9 7 1 0 2 6 4

OMB#: 2050-0024; Expires 01/31/2017

D. Eligible Academic Entities with Laboratories—Notification for opting into or withdrawing from managing laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K

❖ You can ONLY Opt into Subpart K if:

- you are at least one of the following: a college or university; a teaching hospital that is owned by or has a formal affiliation agreement with a college or university; or a non-profit research institute that is owned by or has a formal affiliation agreement with a college or university; AND
- you have checked with your State to determine if 40 CFR Part 262 Subpart K is effective in your state

Y ☐ N ☒ 1. Opting into or currently operating under 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories
See the item-by-item instructions for definitions of types of eligible academic entities. Mark all that apply:☐ a. College or University☐ b. Teaching Hospital that is owned by or has a formal written affiliation agreement with a college or university☐ c. Non-profit Institute that is owned by or has a formal written affiliation agreement with a college or universityY ☐ N ☒ 2. Withdrawing from 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories**11. Description of Hazardous Waste****A. Waste Codes for Federally Regulated Hazardous Wastes.** Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

D001	D018	F003	F005			

B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-Regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed.

EPA ID Number 110059710264

OMB#: 2050-0024; Expires 01/31/2017

12. Notification of Hazardous Secondary Material (HSM) Activity

2016 AUG -4 A 10:55

Y ☐ N ☒ Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (25)?

If "Yes," you must fill out the Addendum to the Site Identification Form: Notification for Managing Hazardous Secondary Material.

13. Comments

Please send notification of approved application to Idys Serrano at Serranoi@AutoNation.com.

14. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations. For the RCRA Hazardous Waste Part A Permit Application, all owner(s) and operator(s) must sign (see 40 CFR 270.10(b) and 270.11).

Signature of legal owner, operator, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
<i>David Christopher Bruder</i>	Christopher Bruder, Regional VP	7/27/16

Idys Serrano

AutoNation, Inc. - 200 SW 1st Avenue, 14th FL, Ft. Lauderdale, FL 33301 | 954-769-4150 | SerranoI@AutoNation.com

ENVIRONMENTAL PROTECTION
AGENCY, REGION II

2016 AUG -4 A 10:55

PROGRAMS
BRANCH

July 27, 2016

U.S. Environmental Protection Agency – Region 2
Clean Air and Sustainability Division
Hazardous Waste Programs Branch
290 Broadway, 22nd Floor
New York, NY 10007-1866
Attn: RCRA Notifications

RE: BMW of Mt. Kisco - Notification of ownership change

Dear Sir/Madam:

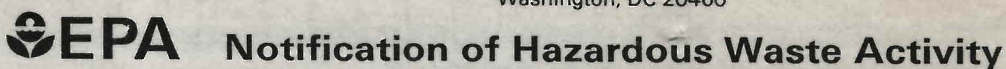
This letter is to notify your department of a ownership change. Attached is a RCRA Subtitle C Site Identification Form for BMW of Mt. Kisco, located at 250 Kisco Avenue, Mount Kisco, NY 10549 previously known as BMW Mt. Kisco.

If you have any questions or concerns, please contact Idys Serrano at 954-769-4150 or at SerranoI@AutoNation.com.

Sincerely,



**Idys Serrano,
Real Estate Administrator**



Please refer to the *Instructions for Filing Notification* before completing this form. The information requested here is required by law (*Section 3010 of the Resource Conservation and Recovery Act*).

Comments

[illegible][illegible]

Street or P.O. Box

[illegible]

Street or Route Number

[illegible]

Name and Title (last, first, and job title)

[illegible]

A. Name of Installation's Legal Owner

[illegible]

A. Hazardous Waste Activity

☒ 1a. Generator ☒ 1b. Less than 1,000 kg/mo.

☐ 2. Transporter

☐ 3. Treater/Storer/Disposer

☐ 4. Underground Injection

☐ 5. Market or Burn Hazardous Waste Fuel
(enter 'X' and mark appropriate boxes below)

☐ a. Generator Marketing to Burner

☐ b. Other Marketer

☐ c. Burner

B. Used Oil Fuel Activities

☐ 6. Off-Specification Used Oil Fuel
(enter 'X' and mark appropriate boxes below)

☐ a. Generator Marketing to Burner

☐ b. Other Marketer

☐ c. Burner

☐ 7. Specification Used Oil Fuel Marketer (or On site Burner)
Who First Claims the Oil Meets the Specification

VII. Waste Fuel Burning: Type of Combustion Device (enter 'X' in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.)

☐ A. Utility Boiler ☐ B. Industrial Boiler ☐ C. Industrial Furnace

VIII. Mode of Transportation (*transporters only — enter 'X' in the appropriate box(es)*)

☐ A. Air ☐ B. Rail ☐ C. Highway ☐ D. Water ☐ E. Other (specify) _____

IX. First or Subsequent Notification

Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.

[illegible]

ID — For Official Use Only													
C												T/A	C
W													1

X. Description of Hazardous Wastes (continued from front)

A. Hazardous Wastes from Nonspecific Sources. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
7	8	9	10	11	12

B. Hazardous Wastes from Specific Sources. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. Commercial Chemical Product Hazardous Wastes. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

D. Listed Infectious Wastes. Enter the four-digit number from 40 CFR Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

E. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 — 261.24)

☒ 1. Ignitable
(D001)

☐ 2. Corrosive
(D002)

☐ 3. Reactive
(D003)

☐ 4. Toxic
(D000)

XI. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature

Kenneth E. Tyler

Name and Official Title (type or print)

Kenneth E. Tyler, Pres.

Date Signed

1/30/87